

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	VIN	9/3 4/17/01	03-27-01
<b>FORMALITY REVIEW</b>	SD	555 905	5/2/01 8/16/01

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
—	Allowed	I	Interference
(Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	Original	5/12/01	10/11/01
2	Original	5/12/01	10/11/01
3	Original	5/12/01	10/11/01
4	Original	5/12/01	10/11/01
5	Original	5/12/01	10/11/01
6	Original	5/12/01	10/11/01
7	Original	5/12/01	10/11/01
8	Original	5/12/01	10/11/01
9	Original	5/12/01	10/11/01
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12	Original	5/12/01	10/11/01
13	Original	5/12/01	10/11/01
14	Original	5/12/01	10/11/01
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31	Original	5/12/01	10/11/01
32	Original	5/12/01	10/11/01
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45	Original	5/12/01	10/11/01
46	Original	5/12/01	10/11/01
47	Original	5/12/01	10/11/01
48	Original	5/12/01	10/11/01
49	Original	5/12/01	10/11/01
50	Original	5/12/01	10/11/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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V.V.  
05/02/01  
1809  
81 10/01

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